

SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC
COVER SHEET PG 1

The SPAC INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)
1

2 Total pages this report: 1/18

3 COMMITTEE NAME

COPS / Metro Alliance Democracy Committee

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

4 COMMITTEE ADDRESS

☐ Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

925 San Pedro
Suite 1
San Antonio TX 78212

5 CAMPAIGN TREASURER NAME

TITLE FIRST MI

Ms. Bernadette

NICKNAME LAST SUFFIX

Barrett

Receipt #

Amount

Date Processed

Date Imaged

6 CAMPAIGN TREASURER'S STREET ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE #; CITY; STATE; ZIP CODE

925 San Pedro
Suite 1
San Antonio TX 78212

7 CAMPAIGN TREASURER'S MAILING ADDRESS

☒ Change of Address

STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

925 San Pedro
Suite 1
San Antonio TX 78212

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

(210) 222-8562

9 REPORT TYPE

☐ January 15

☒ July 15

☐ 30th day before election

☐ 8th day before election

☐ Runoff

☐ Exceeded \$500 limit

☐ Dissolution (attach PAC-DR)

☐ 10th day after campaign treasurer termination

10 PERIOD COVERED

Month Day Year

01/01/0002

THROUGH

Month Day Year

06/30/2002 BB

11 ELECTION

ELECTION DATE
Month Day Year

ELECTION TYPE

☐ Primary

☐ Runoff

☐ General

☐ Special

GO TO PAGE 2

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE & TOTALS

**FORM SPAC
COVER SHEET PG 2**

12 COMMITTEE NAME

COPS / Metro Alliance Democracy Committee

ACCOUNT # (Ethics Commission filers)

1

13 COMMITTEE PURPOSE

(Attach lists on plain paper to complete this report if necessary.)

☐ SUPPORT☒ OPPOSE☐ ASSIST
(officeholders only)☐ CANDIDATE

CANDIDATE / OFFICEHOLDER NAME

☐ OFFICEHOLDER

OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)

BALLOT IDENTIFICATION / #

ELECTION DATE
Month Day Year☒ MEASURE

DESCRIPTION

Ordinance No. 95579

14 NO REPORTABLE ACTIVITY☐ Check if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)**15 CONTRIBUTION TOTALS**

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0.00

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 11754.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 9451.36

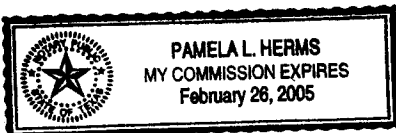
OUTSTANDING LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0.00

16 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Bernadette Barrett

Signature of campaign treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Bernadette Barrett, this the 12th day of July, 20 02, to certify which, witness my hand and seal of office.

Pamela L. Herms
Signature of officer administering oath

Pamela L. Herms
Printed name of officer administering oath

11:30 A.M.
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1 (FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this report: 2/18	
2 FILER NAME COPS / Metro Alliance Democracy Committee		3 ACCOUNT # (Ethics Commission files) 1	
4 Date 05/06/0002	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mary F. Baird 6 Contributor address; City; State; Zip Code 3218 Tavern Oaks San Antonio TX 78247	7 Amount of contribution (\$) 10.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 05/13/0002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Elia Basurto Contributor address; City; State; Zip Code c/o 925 San Pedro Suite 1 San Antonio TX 78212	Amount of contribution (\$) 5.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 04/29/0002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Neil J. B. Brown Contributor address; City; State; Zip Code 5600 Vance Jackson San Antonio TX 78230	Amount of contribution (\$) 15.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 05/06/0002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mary S. Cabral Contributor address; City; State; Zip Code 227 Bella Vista San Antonio TX 78228	Amount of contribution (\$) 5.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 05/14/0002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Virginia Carrillo Contributor address; City; State; Zip Code c/o 925 San Pedro Suite 1 San Antonio TX 78212	Amount of contribution (\$) 30.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this report: 3/18	
2 FILER NAME COPS / Metro Alliance Democracy Committee		3 ACCOUNT # (Ethics Commission filers) 1	
4 Date 04/05/0002	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mary Christine Castro 6 Contributor address; City; State; Zip Code 503 Drake Ave San Antonio TX 78204	7 Amount of contribution (\$) 12.50	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 04/30/0002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) William Duvall Contributor address; City; State; Zip Code 11507 Whisper Breeze San Antonio TX 78230	Amount of contribution (\$) 12.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 05/13/0002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Olivia Gonzalez Contributor address; City; State; Zip Code c/o 925 San Pedro Suite 1 San Antonio TX 78212	Amount of contribution (\$) 25.50	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 06/27/0002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Martin Green Contributor address; City; State; Zip Code 511 Royal Court San Antonio TX 78228	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 05/14/0002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Timothy B. Maher Contributor address; City; State; Zip Code 1314 Hawles Meadow San Antonio TX 78248	Amount of contribution (\$) 400.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE A1 (FOR FORMS C/OH & SPAC)

2002 JUL 12 PM 12:16

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this report: 4/18	
2 FILER NAME COPS / Metro Alliance Democracy Committee		3 ACCOUNT # (Ethics Commission files) 1	
4 Date 02/21/0002	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mary Ann Guerra Trust of 1998 6 Contributor address; City; State; Zip Code 125 E Huisache Ave San Antonio TX 78212	7 Amount of contribution (\$) 50.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 05/06/0002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Ann E. Morris Contributor address; City; State; Zip Code 124 Trillium Trail San Antonio TX 78213	Amount of contribution (\$) 10.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 04/05/0002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Esmeralda Rodriguez Contributor address; City; State; Zip Code 7186 Shady Grove San Antonio TX 78227	Amount of contribution (\$) 9.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 05/02/0002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Michelle Scherer Contributor address; City; State; Zip Code 14710 Bitternut Woods Street San Antonio TX 78249	Amount of contribution (\$) 25.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 05/03/0002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Bonita A. Terry Contributor address; City; State; Zip Code 2552 West Woodlawn San Antonio TX 78228	Amount of contribution (\$) 10.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A1**
(FOR FORMS C/OH & SPAC)CITY OF SAN ANTONIO
CITY CLERK
2002 JUL 12 PM 12:16

The INSTRUCTION GUIDE explains how to complete this form.				1 Total pages this report: 5/18	
2 FILER NAME COPS / Metro Alliance Democracy Committee				3 ACCOUNT # (Ethics Commission filers) 1	
4 Date 05/14/0002	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Maria Tijerina		7 Amount of contribution (\$) 5.00		8 In-kind contribution description (if applicable)
		6 Contributor address; City; State; Zip Code 510 Elvira San Antonio TX 78207			
9 Principal occupation (Optional)			10 Employer (Optional)		
Date 04/05/0002	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Sylvia Zamarripa		Amount of contribution (\$) 30.00		In-kind contribution description (if applicable)
		Contributor address; City; State; Zip Code 1614 El Paso San Antonio TX 78207			
Principal occupation (Optional)			Employer (Optional)		

CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE C

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report:

6/18

2 FILER NAME

COPS / Metro Alliance Democracy Committee

3 ACCOUNT # (Ethics Commission filers)

1

4 Date

5 Corporation / Labor Organization name

Metro Alliance

7 Amount of
contribution (\$)

8 In-kind contribution
description (if applicable)

04/25/0002

6 Corporation/Labor Organization address; City; State; Zip Code

925 San Pedro

Suite 1

San Antonio TX 78212

2500.00

Date

Corporation / Labor Organization name

Metro Alliance

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

06/14/0002

Corporation/Labor Organization address; City; State; Zip Code

925 San Pedro

Suite 1

San Antonio TX 78212

3000.00

Date

Corporation / Labor Organization name

San Antonio Communities Organized for Public Service

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

04/25/0002

Corporation/Labor Organization address; City; State; Zip Code

925 San Pedro

Suite 1

San Antonio TX 78212

2500.00

Date

Corporation / Labor Organization name

San Antonio Communities Organized for Public Service

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

06/10/0002

Corporation/Labor Organization address; City; State; Zip Code

925 San Pedro

Suite 1

San Antonio TX 78212

3000.00

2002 JUL 12 PM 1:16

OFFICE OF THE CLERK
CITY OF SAN ANTONIO

POLITICAL EXPENDITURES**SCHEDULE F**

2007 JUL 12 PM 1:16

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 7/18	
2 FILER NAME COPS / Metro Alliance Democracy Committee		3 ACCOUNT # (Ethics Commission filers) 1	
4 Date 05/02/0002	5 Payee name Ace Carton and Tape 6 Payee address; City; State; Zip Code 711 Florida San Antonio TX 78210	7 Amount (\$) 21.00	
8 Purpose of expenditure (See instructions regarding type of information required.) card board material		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 06/28/0002	Payee name Diana Arevalo Payee address; City; State; Zip Code c/o 925 San Pedro San Antonio TX 78212	Amount (\$) 45.00	
Purpose of expenditure (See instructions regarding type of information required.) data entry contract services		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 06/21/0002	Payee name Athletic Sewing Center Payee address; City; State; Zip Code 7210 Eckhart Road San Antonio TX 78238	Amount (\$) 150.00	
Purpose of expenditure (See instructions regarding type of information required.) campaign tee shirt		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 05/06/0002	Payee name Elia Basurto Payee address; City; State; Zip Code c/o 925 San Pedro Suite 1 San Antonio TX 78212	Amount (\$) 27.11	
Purpose of expenditure (See instructions regarding type of information required.) reimbursement for petition expenses		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 8/18	
2 FILER NAME COPS / Metro Alliance Democracy Committee		3 ACCOUNT # (Ethics Commission filers) 1	
4 Date 05/20/0002	5 Payee name Border Organization 6 Payee address; City; State; Zip Code P.O.Box 806 Eagle Pass TX 78853	7 Amount (\$) 414.50	
8 Purpose of expenditure (See instructions regarding type of information required.) trip expenses for the petition drive		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 05/17/0002	Payee name Minerva Camarena Payee address; City; State; Zip Code c/o Austin Interfaith 1301 South IH35 Suite 313 Austin TX 78741	Amount (\$) 106.00	
Purpose of expenditure (See instructions regarding type of information required.) Petition Grant		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 05/06/0002	Payee name Virginia Carrillo Payee address; City; State; Zip Code c/o 925 San Pedro Suite 1 San Antonio TX 78212	Amount (\$) 9.65	
Purpose of expenditure (See instructions regarding type of information required.) reimbursement of petition expenses		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 05/08/0002	Payee name Virginia Carrillo Payee address; City; State; Zip Code c/o 925 San Pedro Suite 1 San Antonio TX 78212	Amount (\$) 31.75	
Purpose of expenditure (See instructions regarding type of information required.) reimbursement for petition expenses		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	

POLITICAL EXPENDITURES**SCHEDULE F**

CITY OF SAN ANTONIO
 2002 JUL 12 PM 1:16

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 9/18**2 FILER NAME**

COPS / Metro Alliance Democracy Committee

3 ACCOUNT # (Ethics Commission filers)

1

4 Date**5** Payee name

Virginia Carrillo

7 Amount (\$)

06/22/0002

6 Payee address; City; State; Zip Code

c/o 925 San Pedro

Suite 1

San Antonio TX 78212

21.12

8 Purpose of expenditure (See instructions regarding type of information required.)
reimbursement for petition expenses**9** ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

City of San Antonio

Amount (\$)

06/10/0002

Payee address; City; State; Zip Code

City Hall

Military Plaza 2nd Floor

San Antonio TX 78204

500.00

Purpose of expenditure (See instructions regarding type of information required.)
fee for petition copies**** Complete if direct expenditure to benefit C/OH ****
Candidate / Officeholder name Office sought Office held

Date

Payee name

City of San Antonio

Amount (\$)

06/17/0002

Payee address; City; State; Zip Code

City Hall

Military Plaza 2nd Floor

San Antonio TX 78204

351.30

Purpose of expenditure (See instructions regarding type of information required.)
petition copies**** Complete if direct expenditure to benefit C/OH ****
Candidate / Officeholder name Office sought Office held

Date

Payee name

Beatrice Cortez

Amount (\$)

06/24/0002

Payee address; City; State; Zip Code

c/o 925 San Pedro

San Antonio TX 78212

95.38

Purpose of expenditure (See instructions regarding type of information required.)
petition drive expenses**** Complete if direct expenditure to benefit C/OH ****
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES**SCHEDULE F**

2002 JUL 12 PM 1:16

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 10/18	
2 FILER NAME COPS / Metro Alliance Democracy Committee		3 ACCOUNT # (Ethics Commission filers) 1	
4 Date 06/28/0002	5 Payee name Stephanie Cruz 6 Payee address; City; State; Zip Code 411 Montpelier San Antonio TX 78228	7 Amount (\$) 11.25	
8 Purpose of expenditure (See instructions regarding type of information required.) data entry contract services		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 05/06/0002	Payee name Excelsior Printing Payee address; City; State; Zip Code 2034 Rigsby Avenue San Antonio TX 78210	Amount (\$) 165.00	
Purpose of expenditure (See instructions regarding type of information required.) reproduction services		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 06/11/0002	Payee name Excelsior Printing Payee address; City; State; Zip Code 2034 Rigsby Avenue San Antonio TX 78210	Amount (\$) 38.00	
Purpose of expenditure (See instructions regarding type of information required.) signs printing		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 06/28/0002	Payee name Andrew Guerra Payee address; City; State; Zip Code c/o 925 San Pedro San Antonio TX 78212	Amount (\$) 117.00	
Purpose of expenditure (See instructions regarding type of information required.) data entry contract services		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 11/18	
2 FILER NAME COPS / Metro Alliance Democracy Committee		3 ACCOUNT # (Ethics Commission filers) 1	
4 Date 05/09/0002	5 Payee name Hispanic Broadcasting 6 Payee address; City; State; Zip Code 1777 NE Loop 410 Suite 400 San Antonio TX 78217	7 Amount (\$) 2500.00	
8 Purpose of expenditure (See instructions regarding type of information required.) radio air time		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 05/17/0002	Payee name Elaine Joseph Payee address; City; State; Zip Code c/o 925 San Pedro San Antonio TX 78212	Amount (\$) 29.50	
Purpose of expenditure (See instructions regarding type of information required.) Petition Grant		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 05/17/0002	Payee name Olivia Joseph Payee address; City; State; Zip Code c/o 925 San Pedro San Antonio TX 78212	Amount (\$) 13.00	
Purpose of expenditure (See instructions regarding type of information required.) Petition Grant		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 05/06/0002	Payee name KTSA Payee address; City; State; Zip Code P.O.Box 730820 Dallas TX 75373	Amount (\$) 650.00	
Purpose of expenditure (See instructions regarding type of information required.) Radio air time		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	

POLITICAL EXPENDITURESCITY OF SAN ANTONIO
CITY CLERK**SCHEDULE F**

2002 JUL 12 PM 12:15

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 12/18
2 FILER NAME COPS / Metro Alliance Democracy Committee		3 ACCOUNT # (Ethics Commission filers) 1
4 Date 06/11/0002	5 Payee name KTSA 6 Payee address; City; State; Zip Code P.O.Box 730820 Dallas TX 75373	7 Amount (\$) 800.00
8 Purpose of expenditure (See instructions regarding type of information required.) air time advertisement		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 05/15/0002	Payee name Kinko's Payee address; City; State; Zip Code 13424 San Pedro San Antonio TX 78216	Amount (\$) 9.71
Purpose of expenditure (See instructions regarding type of information required.) reproduction expenses		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 05/17/0002	Payee name Eloisa Mahler Payee address; City; State; Zip Code c/o 925 San Pedro San Antonio TX 78212	Amount (\$) 12.00
Purpose of expenditure (See instructions regarding type of information required.) Petition Grant		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 06/28/0002	Payee name Daniel Mansbach Payee address; City; State; Zip Code c/o 925 San Pedro San Antonio TX 78212	Amount (\$) 45.00
Purpose of expenditure (See instructions regarding type of information required.) data entry contract services		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES**SCHEDULE F**

2002 JUN 12 PM 12:17

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 13/18	
2 FILER NAME COPS / Metro Alliance Democracy Committee		3 ACCOUNT # (Ethics Commission filers) 1	
4 Date 06/05/0002	5 Payee name Sylvia Martinez 6 Payee address; City; State; Zip Code c/o 925 San Pedro San Antonio TX 78212	7 Amount (\$) 17.00	
8 Purpose of expenditure (See instructions regarding type of information required.) parking for petition		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 06/25/0002	Payee name Sylvia Martinez Payee address; City; State; Zip Code c/o 925 San Pedro San Antonio TX 78212	Amount (\$) 29.00	
Purpose of expenditure (See instructions regarding type of information required.) reimbursement for petition drive expenses		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 05/15/0002	Payee name Timothy E. McCallum Payee address; City; State; Zip Code 6001 Callaghan Road Suite 101 San Antonio TX 78228	Amount (\$) 141.34	
Purpose of expenditure (See instructions regarding type of information required.) reimbursement for petition expenses		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 05/20/0002	Payee name Timothy E. McCallum Payee address; City; State; Zip Code 6001 Callaghan Road Suite 101 San Antonio TX 78228	Amount (\$) 247.99	
Purpose of expenditure (See instructions regarding type of information required.) reimbursement for petition expenses		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	

POLITICAL EXPENDITURES**SCHEDULE F**

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK
2002 JUN 12 PM 12:17

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 14/18**2** FILER NAME

COPS / Metro Alliance Democracy Committee

3 ACCOUNT # (Ethics Commission filers)

1

4 Date	5 Payee name	7 Amount (\$)
06/11/0002	Timothy E. McCallum	
	6 Payee address; City; State; Zip Code	213.50
	6001 Callaghan Road	
	Suite 101	
	San Antonio TX 78228	

8 Purpose of expenditure (See instructions regarding type of information required.) recognition dinner expenses	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
05/20/0002	Office Depot	
	Payee address; City; State; Zip Code	97.37
	P.O.Box 9020	
	Des Moines IA 50368	

Purpose of expenditure (See instructions regarding type of information required.) clerical supplies	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
05/20/0002	Linda Ortega	
	Payee address; City; State; Zip Code	29.00
	c/o 925 San Pedro	
	San Antonio TX 78212	

Purpose of expenditure (See instructions regarding type of information required.) reimbursement for petition expenses	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date	Payee name	Amount (\$)
05/15/0002	Patricia Ozuna	
	Payee address; City; State; Zip Code	66.06
	c/o 925 San Pedro	
	San Antonio TX 78212	

Purpose of expenditure (See instructions regarding type of information required.) reimbursement for petition expenses	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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POLITICAL EXPENDITURES**SCHEDULE F**

2002 JUL 12 PM 12:17

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 15/18
2 FILER NAME COPS / Metro Alliance Democracy Committee		3 ACCOUNT # (Ethics Commission filers) 1
4 Date 06/27/0002	5 Payee name Enriqueta Quinonez 6 Payee address; City; State; Zip Code P.O.Box 806 Eagle Pass TX 78853	7 Amount (\$) 172.65
8 Purpose of expenditure (See instructions regarding type of information required.) reimbursement for petition expenses		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 06/30/0002	Payee name Enriqueta Quinonez Payee address; City; State; Zip Code P.O.Box 806 Eagle Pass TX 78853	Amount (\$) 234.83
Purpose of expenditure (See instructions regarding type of information required.) reimbursement for petition drive expenses		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 05/15/0002	Payee name Reliable Office Supplies Payee address; City; State; Zip Code 135 S Lasalle Street Dept 8001 Chicago IL 60674	Amount (\$) 127.26
Purpose of expenditure (See instructions regarding type of information required.) clip boards,pens and supplies		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 05/15/0002	Payee name San Antonio Current Magazine Payee address; City; State; Zip Code 1500 North St Marys Street San Antonio TX 78215	Amount (\$) 470.00
Purpose of expenditure (See instructions regarding type of information required.) ad campaign		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES**SCHEDULE F**

2002 JUN 12 PM 12:17

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 16/18	
2 FILER NAME COPS / Metro Alliance Democracy Committee		3 ACCOUNT # (Ethics Commission files) 1	
4 Date 06/17/0002	5 Payee name Joe Solis 6 Payee address; City; State; Zip Code c/o 925 San Pedro San Antonio TX 78212	7 Amount (\$) 12.27	
8 Purpose of expenditure (See instructions regarding type of information required.) reimbursement for petition expenses		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 04/30/0002	Payee name Speedy Printing Payee address; City; State; Zip Code P.O.Box 171170 San Antonio TX 78217	Amount (\$) 192.88	
Purpose of expenditure (See instructions regarding type of information required.) printing		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 05/02/0002	Payee name Speedy Printing Payee address; City; State; Zip Code P.O.Box 171170 San Antonio TX 78217	Amount (\$) 122.35	
Purpose of expenditure (See instructions regarding type of information required.) printing		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 06/17/0002	Payee name Speedy Printing Payee address; City; State; Zip Code P.O.Box 171170 San Antonio TX 78217	Amount (\$) 80.57	
Purpose of expenditure (See instructions regarding type of information required.) reproductions services		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 17/18**2** FILER NAME

COPS / Metro Alliance Democracy Committee

3 ACCOUNT # (Ethics Commission filers)

1

4 Date**5** Payee name

Anita Sullivan

7 Amount (\$)

05/13/0002

6 Payee address; City; State; Zip Code

c/o 925 San Pedro

San Antonio TX 78212

15.50

8 Purpose of expenditure (See instructions regarding type of information required.)
Petition Grant**9** ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

Alicia Tallabas

Amount (\$)

05/06/0002

Payee address; City; State; Zip Code

c/o 925 San Pedro

San Antonio TX 78212

27.98

Purpose of expenditure (See instructions regarding type of information required.)
reimbursement of petition expenses**** Complete if direct expenditure to benefit C/OH ****
Candidate / Officeholder name Office sought Office held

Date

Payee name

Alicia Tallabas

Amount (\$)

05/20/0002

Payee address; City; State; Zip Code

c/o 925 San Pedro

San Antonio TX 78212

22.80

Purpose of expenditure (See instructions regarding type of information required.)
reimbursement for petition expenses**** Complete if direct expenditure to benefit C/OH ****
Candidate / Officeholder name Office sought Office held

Date

Payee name

Will Tejeda

Amount (\$)

06/24/0002

Payee address; City; State; Zip Code

c/o 925 San Pedro

San Antonio TX 78212

72.00

Purpose of expenditure (See instructions regarding type of information required.)
reimbursement of expenses**** Complete if direct expenditure to benefit C/OH ****
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES**SCHEDULE F**

RECEIVED
CITY OF SAN ANTONIO
2002 JUL 12 PM 12:17

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report: 18/18**2 FILER NAME**

COPS / Metro Alliance Democracy Committee

3 ACCOUNT # (Ethics Commission files)

1

4 Date**5** Payee name

Totonico

7 Amount
(\$)

05/03/0002

6 Payee address; City; State; Zip Code

2311 West Martin

102.00

San Antonio TX 78207

8 Purpose of expenditure (See instructions regarding type of information required.)
food**9** ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

Jim Whitton

Amount
(\$)

06/13/0002

Payee address; City; State; Zip Code

1015 W 33rd Ave

793.74

Amarillo TX 79109

Purpose of expenditure (See instructions regarding type of information required.)
reimbursement for petition expenses and supplies**** Complete if direct expenditure to benefit C/OH ****
Candidate / Officeholder name Office sought Office held